

Brown University

Instructions for Professional Service Providers

Effective January 1, 2001, under Rhode Island General Law Section 28-29-17.1, an individual will not be considered an independent contractor for the purposes of Workers Compensation unless that individual has filed a notice of designation with the Director of the Department of Labor and Training. Individual's providing services to Brown University must provide BROWN with a copy of the notice received from the Department of Labor and Training (date stamped copy of the notice of designation as independent contractor form) or proof of workers' compensation insurance at the time of signing the contract.

A copy of the State of Rhode Island NOTICE OF DESIGNATION AS INDEPENDENT CONTRACTOR FORM is enclosed.

The following information is provided for completion of the Notice of Designation as Independent Contractor form when Brown University is the hiring entity:

- * **Hiring Entity Name:** Brown University
- * **Address:** Box J, Providence, RI 02912
- FEIN:** 05-0258809

Note: Once you file the Notice of Designation as Independent Contractor form with the State of Rhode Island it remains in effect as long as and any time you work for the named hiring entity until you withdraw the designation. You do not have to file a new form for each new contract. If you have previously filed a notice with the State naming Brown University as the hiring entity please provide a copy of the date stamped form with each contract.

NOTICE OF DESIGNATION AS INDEPENDENT CONTRACTOR PURSUANT TO LI.G.L 528-29.17.1

PLEASE READ OTHER SIDE

WARNING

No one can force you to sign this form. When you sign this form you are stating that you are an independent contractor and in the event of injury, are not entitled to workers' compensation benefits.

* (Name) _____
* Business Name _____
* Address _____

Soc. Sec. No. _____
FEIN# _____
Business license# _____
Date of Birth _____

I declare that I am an Independent contractor pursuant to LLG.L. 128-29-17.1 and, therefore, I am not eligible for nor entitled to Workers' Compensation benefits pursuant to Title 28, Chapters 29-38, of the Workers' Compensation Act of the State of Rhode Island for injuries sustained while working as an Independent contractor for the hiring entity named below. This designation will remain in effect while performing services for the named hiring entity or until a withdrawal of designation as Independent contractor form is filed with the Department of Labor and Training.

* Hiring Entity Name _____
* Address _____

Soc. Sec. No.# _____
FEIN _____
Bus. License # _____

Warning! This form is for purposes of Workers' Compensation only and completion of this form does not mean that you are an Independent Contractor under the rules, regulations or statutes of the Internal Revenue Service or the R. I. Division of Taxation. Information on this form will be shared within the Department of Labor and Training, the R. I. Division of Taxation and the Internal Revenue Service.

Independent Contractor _____
Signature _____ Date _____

A hiring entity that knowingly assists, aids and abets, solicits, conspires with or coerces an employee to misrepresent the employee's status as an Independent contractor may be subject to criminal prosecution under Rhode Island General Law §28-33-17.3.

* This information is available to the public including the Hiring Entity's Workers' Compensation Insurance Carrier.

FORM IS NOT VALID UNTIL RECEIVED AND DATE STAMPED BY THIS DEPARTMENT.

For a dated receipt copy, include a copy with the original sent to the Department of Labor and Training with a SELF-ADDRESSED STAMPED ENVELOPE. The original and copy will be date stamped. The original will be retained for our files. The stamped copy will be returned in the envelope provided.

Department of Labor and Training
WORKERS' COMPENSATION UNIT
P.O. Box 20190
Cranston, Rhode Island 02920-0942
Telephone: (401) 462-8100 FAX (401) 462-8105 TDD (401) 462-8084

INSTRUCTIONS FOR COMPLETING THE DESIGNATION AS INDEPENDENT
CONTRACTOR FORM DWC 11-IC

1. (NAME) REFERS TO THE INDEPENDENT CONTRACTOR'S NAME. THIS INFORMATION IS REQUIRED.
2. BUSINESS NAME IS THE NAME OF THE INDEPENDENT CONTRACTOR'S BUSINESS. IF THE INDEPENDENT CONTRACTOR DOES NOT HAVE A BUSINESS NAME, PLEASE LEAVE BLANK
3. ADDRESS IS THE ADDRESS OF THE INDEPENDENT CONTRACTOR. THIS INFORMATION IS REQUIRED.
4. SOCIAL SECURITY NUMBER IS THE SOCIAL SECURITY NUMBER OF THE INDEPENDENT CONTRACTOR. THIS INFORMATION IS REQUIRED. FORM WILL NOT BE ACCEPTED WITHOUT IT.
5. FEIN# IS THE TAX ID NUMBER OF THE INDEPENDENT CONTRACTOR IF APPLICABLE.
6. BUSINESS LICENSE # IS THE BUSINESS LICENSE NUMBER OF THE INDEPENDENT CONTRACTOR IF APPLICABLE.
7. DATE OF BIRTH OF THE INDEPENDENT CONTRACTOR.
8. HIRING ENTITY NAME NAME OF THE HIRING OR CONTRACTING PARTY. THIS INFORMATION IS REQUIRED.
9. ADDRESS IS THE ADDRESS OF THE HIRING OR CONTRACTING PARTY. THIS INFORMATION IS REQUIRED.
10. SOCIAL SECURITY NUMBER OF THE HIRING OR CONTRACTING PARTY (IF THE HIRING OR CONTRACTING PARTY IS ANOTHER INDEPENDENT CONTRACTOR) IF KNOWN.
11. FEIN TAX ID NUMBER OF THE HIRING OR CONTRACTING PARTY, IF KNOWN.
12. BUSINESS LICENSE# OF THE HIRING OR CONTRACTING PARTY.

For a dated receipt copy, include a copy with the original sent to the Department of Labor and Training with a SELF-ADDRESSED STAMPED ENVELOPE. The original and copy will be date stamped. The original will be retained for our files. The stamped copy will be returned in the envelope provided.

THIS IS A FORM DWC11—IC, DESIGNATION OF INDEPENDENT CONTRACTOR. THIS MEANS THAT YOU HAVE STATED THAT YOU ARE AN INDEPENDENT CONTRACTOR NOT AN EMPLOYEE AND ARE NOT ELIGIBLE FOR WORKERS' COMPENSATION BENEFITS.

MANY FACTORS ARE CONSIDERED WHEN DETERMINING WHETHER SOMEONE IS AN EMPLOYEE OR AN INDEPENDENT CONTRACTOR. SOME OF THOSE FACTORS ARE: INDEPENDENT CONTRACTORS SET THEIR OWN WORK HOURS, HAVE THEIR OWN TOOLS AND WORK WHEN AND FOR WHOM THEY CHOOSE.

AN EMPLOYER GENERALLY DOES NOT HAVE TO WITHHOLD OR PAY ANY TAXES ON PAYMENT TO INDEPENDENT CONTRACTORS.

THIS FORM IS FOR PURPOSES OF WORKERS' COMPENSATION ONLY AND COMPLETION OF THIS FORM DOES NOT MEAN THAT YOU ARE CONSIDERED AN INDEPENDENT CONTRACTOR UNDER THE RULES, REGULATIONS OR STATUTES OF THE INTERNAL REVENUE SERVICE OR THE R.I. DIVISION OF TAXATION.

SHOULD YOU HAVE ANY QUESTIONS ABOUT WHETHER YOU ARE AN INDEPENDENT CONTRACTOR OR AN EMPLOYEE, PLEASE CONTACT THE R.I. DIVISION OF TAXATION AT (401) 222-3682, OR THE US GOVERNMENT INTERNAL REVENUE SERVICE AT 800-829-1040.

IF YOU FEEL YOU HAVE BEEN COERCED OR FORCED TO SIGN THE INDEPENDENT CONTRACTOR FORM, REPORT THIS TO THE WORKERS' COMPENSATION FRAUD PREVENTION UNIT AT (401) 462-4110.

IF YOU WISH TO WITHDRAW YOUR DESIGNATION AS AN INDEPENDENT CONTRACTOR, PLEASE CONTACT THE WORKERS' COMPENSATION UNIT AT (401) 462-8100 OR FOR FURTHER INFORMATION CONTACT THE DEPT. OF LABOR & TRAINING, WORKERS' COMPENSATION EDUCATION UNIT AT (401) 462-8125.